

Wisconsin Department of Public Instruction
APPLICATION FOR SUPPORT OF PROFESSIONAL
DEVELOPMENT FUNDS
WISCONSIN IMPROVEMENT PROGRAM

PI-1692 (Rev. 06-06)

This from is available at dpi.wi.gov/tepdl/wip.html

INSTRUCTIONS: Submit a separate request for each proposed activity. Forms **must** be submitted 30 days prior to activity. Submit to:

ANNETTE HANSON (608) 267-2003 WISCONSIN IMPROVEMENT PROGRAM 125 SOUTH WEBSTER STREET P.O. BOX 7841 MADISON, WI 53707-7841 (608) 267-2920 (FAX)

	GENERAL INFORMATION				
1. Title/Activity Proposed					
2. Proposed Starting Date	3. Proposed E	Ending Date			
	4. Applicants				
Name	4. Applicants		Position		
	!				
	i				
5. Name of School					
6. Address Street City, State, ZIP		7a. T	elephone <i>Area/No.</i>	7b. Extension	
				i	
8. Other Key People in the Proposal					
9. Description of the Proposed Activity Be Specific					
	10. Proposed Activity Site/Address				
Site			Address		

GENERAL INFORMATION (cont.)

11. Budget
List specific cost breakdown and estimate of total cost. Proof will be required at conclusion of function.*

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Personnel (Honorarium)				
Registration Fee		*Include copy of flyer/brochure indicating date, fee amounts, description, etc.		
Mileage 42.5¢/Mile				
Lodging \$62 max		Will need original lodging bill and proof of payment after activity is con-	cluded.	
Meals				
Breakfast(s) \$8 max				
Lunch(es) \$9 max		If a workshop or seminar will need a list of people participating in the m	neal function(s) and a copy of	
Dinner(s) \$17 max		the food invoice(s).		
Breaks(s) \$5 per break				
Materials		A breakdown of materials purchased and a copy of the cancelled check or voucher showing proof of payment will be needed.		
TOTAL	\$0			
This will be reimbursed to facilities	es/person(s) listed	d in Item 12 after completion of the event and supporting documentation	is received.	
		nd Address of School District/Campus or Person to be Paid name and address and include FEIN or Social Security number.*		
School District	Addres	ss Street, City, State, ZIP	FEIN No.*	
1. 2.2.2.1	1 0 1 1 1 1 1	00001 000 0010 70	Occide Occomity No.	
Individual		ss Street, City, State, ZIP	Social Security No.	
	i		<u>i</u>	
*All schools need to have a <i>Fede</i> this information.	ral Employees Ide	entification Number (FEIN) on requisition. If number is not provided, this a	application will be returned for	

	SIGNATURES				
Money available during current school year does not accumulate from year to year. Yearly deadline for application must be postmarked by May 1.					
Signature of Applicant		Date Signed			
>					
Signature of District Administrator or Principal		Date Signed			
>					